

<b>Case Number:</b>	CM15-0056235		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31-year-old male, who sustained an industrial injury on 03/15/2011. He reported neck injury. The injured worker was diagnosed as having cervical strain and sprain, rule out herniated nucleus pulposus and possible degenerative arthritis cervical spine. Treatment to date has included MRI, physical therapy and medications. According to a partially legible handwritten progress report dated 02/24/2015, the injured worker was seen for neck pain. Pain was decreased. He was status post diagnostic cervical medial branch block. Pain scale was 4-5 on a scale of 1-10 with medications. An authorization request for radiofrequency bilateral cervical facet neurotomy C4-C5, C5-C6 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Radiofrequency bilateral cervical facet neurotomy at C4-C5 and C5-C6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** CA MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper Back Complaints, pages 174 state there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited. Caution is needed due to the scarcity of high-quality studies. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the exam notes from 2/24/15 does not demonstrate prior response to medial branch blocks. Therefore, the request is not medically necessary.